Revision: HCFA-PM-91-8

October 1991

(MB)

ATTACHMENT 4.22-C OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	
Citation	Condition or Requirement
1906 of the Act	State Method on Cost Effectiveness of

Employer-Based Group Health Plans

Approval Date JUL 0 6 1992 Effective Date 10-01-91 TN No. N/A

HCFA ID: 7985E